

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)ATTORNEY'S DOCKET
NUMBER
PHNL021085 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

10/531930

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____ the specification of which (check only one item below):

- is attached hereto.
- was filed as United States application

Serial No _____

on _____

and was amended

on _____

 was filed as PCT international application

Number PCT/IB2003/004602

on 17 October 2003

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02257294.5	22 October 2002	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)			Attorneys Docket Number PHNL021085 US
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902
Michael E. Marion, Reg. No. 32,266
Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to:
(name and telephone number)
(914)332-0222

(3)

201	FULL NAME OF INVENTOR	FAMILY NAME DE WIT	FIRST GIVEN NAME Jiska	SECOND GIVEN NAME Margriet
	RESIDENCE & CITIZENSHIP	CITY Eindhoven NLX	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR	FAMILY NAME MAMA	FIRST GIVEN NAME Kyriakos	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY London	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 21-23 Voss Street	CITY London E.2 6HP	STATE & ZIP CODE/COUNTRY Great Britain
203	FULL NAME OF INVENTOR	FAMILY NAME WRIGHT	FIRST GIVEN NAME Jeremy	SECOND GIVEN NAME John
	RESIDENCE & CITIZENSHIP	CITY Yorkcliff	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Snodworth Road	CITY Yorkcliff, Langho, Lancashire BB6 8DR	STATE & ZIP CODE/COUNTRY Great Britain

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>John E. Haken</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 19 May 2004	DATE	DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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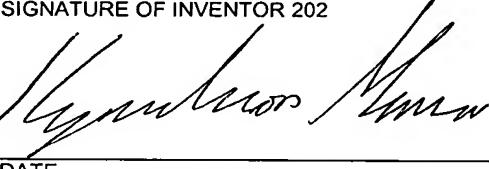
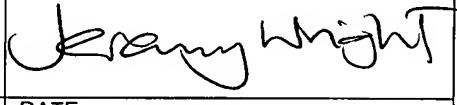
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Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245			Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR DE WIT	FAMILY NAME Jiska	FIRST GIVEN NAME Jiska	SECOND GIVEN NAME Margriet
	RESIDENCE & CITIZENSHIP Eindhoven	CITY The Netherlands	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR MAMA	FAMILY NAME Kyriakos	FIRST GIVEN NAME Kyriakos	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP London GBN	CITY Great Britain	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS 21-23 Voss Street	CITY London E.2 6HP	STATE & ZIP CODE/COUNTRY Great Britain	STATE & ZIP CODE/COUNTRY Great Britain
203	FULL NAME OF INVENTOR WRIGHT	FAMILY NAME Jeremy	FIRST GIVEN NAME Jeremy	SECOND GIVEN NAME John
	RESIDENCE & CITIZENSHIP Yorkcliff GBN	CITY Great Britain	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS Snodworth Road	CITY Yorkcliff, Langho, Lancashire BB6 8DR	STATE & ZIP CODE/COUNTRY Great Britain	STATE & ZIP CODE/COUNTRY Great Britain
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 	
DATE		DATE 24 May 2004	DATE 24 May 2004	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Rec'd PCT/PTO 19 APR 2005

10/531930

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number:

24737

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



The address associated with Customer Number:

24737

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State	Zip	
Country				
Telephone			Fax	

Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	14 January 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.